

Beat: North South West

Beat No.: _____

**Idaho Falls Police Department
Alumni Association/IFPD Citizens Watch Patrol Program
IFPD/CWP Vacation Check Report**

Opening Script: *Read to the caller*

Citizens Watch Patrol volunteers assist the Idaho Falls Police Department in making home checks as often as possible while you are away. If any problem is discovered, the appropriate law enforcement agency will be contacted and respond to report the problem. Every attempt will be made to contact a person you have chosen to be responsible for your home in your absence. I have several questions to ask about you and your home.

Address:	City	Zip	Apt No.
Residents Name:		Phone Number:	
Leaving: (Date) a.m./p.m.	Returning: (Date) a.m./p.m.	<i>(Ask resident to call Melissa Smiths, Community Coordinator at 208.612.8655 when they return)</i>	
Dogs on Premises?: <input type="checkbox"/> No <input type="checkbox"/> Yes Backyard Access?: <input type="checkbox"/> No <input type="checkbox"/> Yes Alarm?: <input type="checkbox"/> No <input type="checkbox"/> Yes – Alarm Co. Name/Phone			
Physical or visual check of the home? (circle one) Physical Visual			
Vehicle(s) in Driveway:		Vehicle(s) in front of house:	
Electric timers in house? <input type="checkbox"/> No <input type="checkbox"/> Yes – Times?			
Comments/other important information:			

IN CASE OF EMERGENCY, PLEASE NOTIFY (Prefer a local person, but not necessary)

Name:	<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor	Phone Number:
Address:	City	Zip Key to Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONS AUTHORIZED TO BE ON PREMISES:

Name(s):	Relationship:
Closing Script: <i>Read to the caller</i> IFPD Citizens Watch Patrol will log every check of your home. You will be provided a copy of the log when you return. Upon returning home, please notify the IFPD, Community Coordinator at 208.612.8655, to terminate your house check. I have two final thoughts: Have you arranged to stop your newspaper and mail, or have you asked someone to pick it up daily? Do you have any questions? <i>Thank you, and have a safe trip!</i>	

Person Taking Information: Name: Date: Time:	Person Taking Cancellation: Name: Date: Time:
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Revised: February 2005

Copies to: ☐ Original to Community Coordinator ☐ Copy to Beat Binder ☐ Copy to IFPD front Desk Officer Binder
Copies made and delivered by: _____ Date: _____ Time: _____

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ADDRESS:

EXPECTED RETURN DATE:[illegible]